

Reimbursement Form

All PTA Members requiring a reimbursement for purchases made must complete this form. Submit to the Treasurer with all receipts for payment to be issued. This form is not intended for non-reimbursements, such as bills or invoices.

Name: _____ Phone: _____

Committee / Event: _____ Date: _____

Explanation of Receipt (List for each receipt)	Amount (List for each receipt)	Committee / Event (List for each receipt)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Signature of Person Submitting Request: _____

Make Check Payable To: Same Other: _____

Comments: _____

TOTAL REIMBURSEMENT AMOUNT: \$ _____

----- **FOR TREASURER'S USE ONLY** -----

Check Made Payable To: _____

Check Amount: \$ _____ Check #: _____ Check Date: _____

Account / Line Item Debited:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____

Treasurer's Signature: _____ Date: _____

Comments: _____